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**\*BIBDATASHEET\***

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*W**4/18/05***\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 60/119,344 02/09/1999

*W**4/18/05***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Allowance</i>  <i>W</i>	Examiner's Signature <i>W</i>	Initials		

**ADDRESS**

35876

**TITLE**

METHODS AND COMPOSITIONS FOR ENHANCING FIBROBLAST MIGRATION

FILING FEE RECEIVED 571	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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